



smokefree ZONE

Newsletter of the Rhode Island Department of Health Tobacco Control Program • November 2004
www.health.ri.gov/disease/tobacco/home.htm — Contact Carol Hall-Walker (401) 222-2589

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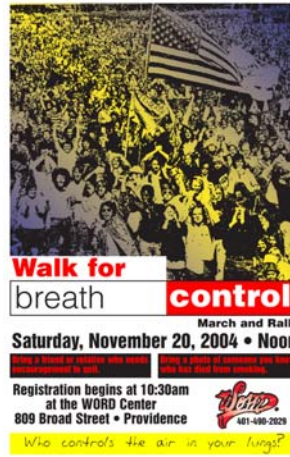
Don't Forget the Great American Smokeout

The Great American Smokeout is Thursday, November 18th this year. Go to the American Cancer Society web site at www.cancer.org for information on how you or your organization can get involved.

WORD Walk for Breath Control

Join WORD and your community partners for this exciting event. Meet at 10:30 AM at the WORD Center, 807 Broad Street in Providence for registration. There will be a memorial tribute to friends and family members who have died from smoking. Bring your photo for the memorial wall.

At Noon, the group will walk to the State House for a rally to support quitters and to advocate for increased funds for free quit smoking programs in Rhode Island.



Youth from Progreso Latino record a radio spot for the march and rally. l-r: Vanessa, Sebastian, Jessica and Lorraine

WORD Featured at HOT106 Event

WORD youth, along with their arts mentor Pablo Alvarez, had the honor of showcasing their work at a recent HOT106/MTV event. WORD painted the cover used at the local Pimp My Ride event held in Warwick. On very short notice, WORD got together, designed the cover and painted it.

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WORD youth Samantha Martinez, Anibel Espinal, Angie Martinez and Sophear Van with Xzibit, host of MTV's Pimp My Ride.

Resources are There for You

There is a great tobacco information resource right here in Rhode Island. Take advantage of the Rhode Island Tobacco Control Resource Center maintained by and located at the American Lung Association of Rhode Island, 298 West Exchange Street, Providence. Hours are 9AM to 4:30PM, Monday through Friday. Feel free to stop by anytime during those hours. If you are planning your first visit, call Molly Clark at 421-6487 to arrange an introductory tour.

The resource center is open to anyone concerned about tobacco use. They've got brochures, bookmarks, signs, buttons, stickers, posters, you name it, they've got it.

Materials cover a variety of subjects, including:

- Secondhand smoke
- Smoking cessation for all ages
- Effects of tobacco use on the body
- General information about tobacco for all ages
- Tobacco advertising that targets youth, women and others
- Advocacy for tobacco control
- Activity workbooks for all ages

There is also a lending library of videos, CDs and DVDs, as well as various audiovisual aids, such as flip charts, models of diseased lungs and other exhibits.

They also have a reference library of books, government reports, magazines, samples of curricula and materials, electronic copies of articles, etc.

If you need speakers and technical assistance on any tobacco or lung health-related subject, this is the place to turn. Call Molly Clark at 421-6487 with any questions, but please make use of this valuable resource.

WORD Featured at HOT106 Event, continued from page 1
It was featured on the car before the pimped up car was unveiled at the event. Congratulations to WORD for stepping up and being visible at this event.



Top: Pablo Alvarez and Ambiorix Erazo finish off the car cover for Pimp My Ride.



Bottom: Anibel Espinal, Daneita Harmon and Pablo Alvarez at work on the car cover.

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on quitting smoking, call
1-800-Try-To-Stop
(1-800-879-8678), or visit
<http://www.trytostop.org>

Women's Lives Up In Smoke

Lorraine Steefel, RN, MSN, CTN

"You've come a long way, baby," the ad slogan boasts. In fact, women have almost caught up to men — as smokers. They begin smoking younger, and if the accelerating trend of female high school seniors beginning to puff continues, they will soon outnumber their male counterparts.¹ At last estimate, one out of every four girls under age 18 smokes. Though recent data shows for the first time a dwindling of lung cancer diagnoses in women — 2% per year since 1998,² smoking deals a fatal blow to the more than 140,000 American women who die from tobacco-related illnesses annually, with lung cancer surpassing breast cancer as their number one cancer killer.³

"Women smoke like men and are starting to die like them," says World Health Organization Director General Gro Harlem Brundtland.⁴

The Real Drag

Gender-related issues shed some light on why women pick up cigarettes in the first place and why they may have difficulty quitting. "One common reason women smoke and find it difficult to quit is weight gain," says Mary Cooley, RN, CS, PhD, nurse scientist, at Dana Farber Cancer Institute (DFCI), Boston.

Women and girls accept the national fixation with thinness. They worry about gaining weight and are more likely than men to report weight control as a benefit of smoking. The average six-to-10 pound weight gain after quitting means their clothes may no longer fit. The media's portrayal of smoking as an attractive, slimming, adult behavior is no coincidence.

Many of the 25 million women who smoke in the U.S. do so to self-medicate, often because of depression. The nicotine in cigarettes may make women feel better and offset negative moods. More women than men experience or report depression. The link between depression and vulnerability to nicotine dependence may have particular meaning for women, especially when history of depression is associated with a decreased likelihood of quitting.⁵

Women don't pick up cigarettes; girls do. Pam Calarese, RN, MS, CS, adult nurse practitioner, thoracic oncology at DFCI, knows first hand how this "pediatric disease" wields a subtle pressure among adolescents. Calarese who speaks prevention to elementary school children says she's found it necessary to speak to 10-year-olds. "By fifth grade, girls have begun to form cliques and the pressure to smoke is intense." When she asks for a show of hands, more than half of urban children in her classes admit to having tried their first cigarette. "Everyday, 5,000 kids nationwide, ages 11 to 17, smoke their first cigarette," Calarese says. "Of those, 3,000 will become regular addicted smokers; more in the inner cities will be girls."

As they watch peers who enjoy smoking, young people think they should try it and that they might enjoy it. Teenage girls deny there could be a problem with addiction and are unrealistic with their perceptions of personal susceptibility to health hazards. Difficulties with withdrawal symptoms, including irritability, problems concentrating, insomnia, grogginess, and cognitive impairment, keep them smoking. And the longer they smoke, the greater the health risks become.

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The Bigger Smokescreen

Trends show that low education, low occupational status, unemployment, and environment are high predictors for smoking. When examining income levels, an estimated 12.8 million women, compared with 8.4 million men ages 18 and older, fall below the federal poverty level.⁶ These women, trapped in the cycle of poverty, are more likely to smoke.

"Tobacco companies target a captive audience with ads touting higher nicotine-concentrated cigarettes and mentholated cigarettes that will keep them smoking," Calarese says. Nicotine, which simultaneously stimulates and relaxes smokers, is highly addictive. Menthol provides a pleasant taste and produces a cooling sensation to the throat. It also increases puff volume, the amount of smoke taken in from the cigarette, as women tend to inhale more deeply with each drag and potentially take in more tobacco and nicotine.

"It takes nicotine about seven seconds to reach the brain, providing the same kind of kick as heroine," says Calarese. The strength of addiction is compounded by repeated action. Smoke 20 cigarettes a day for 20 years and you've smoked 146,000. What else do you do that often?

Waiting to Exhale

Researchers found that women are more likely than men to smoke within 10 minutes of awakening, an indicator of greater nicotine dependence, and that although women are as likely as men to attempt to quit, they are less likely to maintain cessation.⁷

In 2001, "Women and Smoking: A Report of the Surgeon General," said that evidence suggests there are more similarities than differences between men and women in factors influencing smoking addiction and cessation.⁸ According to research released by Ireland's Office of Tobacco Control (OTC), women have more difficulty quitting. The OTC strongly suggested women need intensive, organized and prolonged support, and that this support may be different from that needed by men.⁹

"We need more research," says Cooley who is setting up a smoking cessation program at DFCI with funding from an NCI career development award aimed to learn more about helping people quit. "We're investigating if there are any gender-specific factors that trigger smoking relapse. Then we'd use that information to develop gender-specific interventions," she says.

The latest Public Health Service Clinical Practice Guidelines, "Treating Tobacco Use and Dependence," main-

tain that the same smoking cessation strategies benefit men and women. The guidelines suggest that interventions address the different stressors and barriers women face and recommend additional research in gender-specific smoking cessation interventions.¹⁰

Back on Track

"Knowing why women smoke helps nurses better understand how to help them," says Joanne Ward Fitzgerald, RN, BSN, health counselor, cardiac rehabilitation, at Caritas Norwood Hospital, Norwood, Mass. Fear of weight gain, negative moods, stress, and withdrawal symptoms top the list of issues associated with most women smokers' relapses and should be addressed in smoking cessation programs.

Nurses can help shift the priorities of women who consider weight gain their biggest nightmare. "Help them to focus on healthy eating and exercise," says Fitzgerald. If women regard quitting smoking as their number-one priority, nurses can provide support for weight issues afterward. Rather than deny the likelihood of weight gain or minimizing its significance, nurses should inform smokers to be prepared and not to tackle smoking cessation while dieting. Both cause fatigue and mood disruption, a double whammy during a difficult time.

Nurses should address pharmacological and non-pharmacological aspects of tobacco cessation with patients, and offer problem-solving techniques for management of withdrawal symptoms to achieve their smoking cessation goal. "There's some evidence that Nicotine replacement therapy products (patch, gum, lozenge, inhaler, and nasal spray) may not work as well in women," says Cooley. "Bupropion (Zyban) may work better in some." Bupropion might be more effective than nicotine replacement for women because it may better control some symptoms particularly common among women when they give up cigarettes: depression, anticipation of anxiety and tension, and concern about weight gain.¹¹ "But the studies are mixed," Cooley says.

Cessation guidelines recommend a combination of medication and counseling. Cognitive behavioral therapy can help smokers change their beliefs about smoking as nurses help them change associated behaviors. "It's not just a matter of willpower to stop smoking," says Fitzgerald. "Women need support." A chemical has taken over smokers' brains and they need strategies to replace that.

Calarese believes it's important to target women differently for smoking cessation. "Women approach things differently than men so gender-specific smok-

ing programs make sense," she says. Nurses need to talk around women's lives and issues and offer coping skills and support.

Women tend to develop social networks. "They have to make lifestyle changes that relate to socialization when trying to quit," says Fitzgerald. "I tell the women in my smoking cessation classes that they can't be around people who smoke or go to their favorite corner store where they bought cigarettes." Fitzgerald also encourages them to have three-to-five people to call for support when trying to quit.

Even with motivators, such as the health of smokers' children, improving fertility, or pregnancy outcomes, it can take from three to five serious attempts before cessation is successful. Atwater, who's on her fourth try at quitting, suggests that nurses react to failed attempts positively by encouraging women to examine the failure and create better strategies for the next time.

"The main point [for women smokers] is to keep trying to quit," says Atwater. "I will overcome this dreadful habit again and for good this time because the only ones that I'm hurting are the ones that love me and myself."

Lorraine Steefel, RN, MSN, CTN, is a senior staff writer for Nursing Spectrum.

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Tobacco Control Project Hits RI Middle Schools

Rhode Island Student Assistance Services (RISAS), in collaboration with RI Department of Health, is implementing a statewide Tobacco Prevention and Control Project in middle schools.

Their goals are to:

- Train middle school health educators to identify and implement evidence-based tobacco curriculum;
- Strengthen tobacco use policy in school districts;
- Expand and strengthen school-based smoking cessation programs;
- Initiate statewide tobacco prevention awareness initiatives in schools.

This is a three-year project funded by the Department of Health. In the 2004-2005 school years, RISAS will:

- Conduct a statewide needs assessment to determine the scope of tobacco policy and model curriculum in RI schools;
- Select five middle schools and up to fifteen teachers to implement model tobacco curriculum in health class;
- Hold a statewide training event for health educators on overcoming barriers to implementing model tobacco curriculum in health;
- Expand smoking cessation services in RI middle and high schools;
- Establish school-based youth task forces to address school-wide alcohol, tobacco and other drug prevention policies and initiatives.

The overall goals of the Student Assistance Program are to:

- Enhance the resiliency of adolescents whose parents are substance abusers;
- Delay adolescents' initial use of alcohol, tobacco and other drugs;
- Decrease adolescents' use of alcohol, tobacco and other drugs.

These goals are achieved through the following proven prevention principles:

- Increasing perception of risk of harm.
- Changing adolescents' norms and expectations about substance abuse.
- Building and enhancing social and resistance skills.
- Changing community norms and values regarding substance use.
- Fostering and enhancing resiliency and protective factors, especially in high risk youth.

If you want additional information, see:

<http://www.ritobaccocontrolnet.com/statlaws.htm> - Rhode Island tobacco laws, including school laws

http://www.ash.ca/schools/Assessment_Checklist.pdf - Information from California that includes an assessment and checklist for a tobacco-free school policy.

Ya No Fumo Provides Recent Program Numbers

Ya No Fumo is the culturally tailored quit smoking program for the Latino/Hispanic community. Located at Progreso Latino, it is a partnership that draws upon the strengths of three organizations (Memorial Hospital, Brown University Medical School and Progreso Latino) to provide a tobacco treatment program using Best Practices.

From January 2004 through April 2004, Ya No Fumo received 153 telephone calls for their services. Of those calls, 148 people said they saw a television ad for the program. Forty-seven per cent of their callers were male

and 53% were female. The largest age group represented was 47 to 64 years old and they represented 42% of the callers. Eighteen per cent of the callers were aged 25 to 35.

Current challenges for the program include being able to follow up on clients after they have gone through the program. Currently, Ya No Fumo is launching an initiative to follow up on the first group of clients who completed the program two years ago. They are inviting clients back after three and six months.

There are also discussions underway to train more culturally and linguistically competent tobacco treatment counselors in order to bring services to Latino smokers throughout the state.

Task Forces Get Together on Events

The East Providence Substance Abuse Prevention Task Force - Project AIR is collaborating with the East Providence Cancer Control Task Force on a series of events beginning in November.

On Thanksgiving a public service announcement will be read at the annual East Providence versus LaSalle Academy football game. The time-honored event attracts over 3,000 townies. The PSA will inform the football enthusiasts that Rhode Island is going smoke-free in March and there is help if they want to quit smoking. Cups for coffee and hot chocolate with a similar message will also be provided. "We like to think that we are reaching smokers one cup of coffee or cocoa at a time" says Doreen Carter, EP Cancer Council founder and Task Force Advisory Council member.

This is the first in a series of projects co-sponsored by Project AIR and the Cancer Council. For more information, contact Anne Clanton at the East Providence Substance Abuse Prevention Task Force at 435-7517 or email her at winyah35@yahoo.com.

American Cancer Society – Our Partner in Tobacco Control

During the CDC site visit, several of our community partners were invited to share their work in tobacco control, advocacy efforts related to the passage of the smokefree workplace legislation and other collaborative endeavors. We plan to feature a different community partner each month.

The American Cancer Society is a leader in tobacco control advocacy. Tobacco control advocacy is a priority issue for ACS and accounts for 50% of ACS advocacy time. ACS was an instrumental partner in the Campaign for a Healthy Rhode Island and in the passage of the Worker Safety Act. Another coup for ACS and all of our partners was the passage of the highest cigarette tax in the nation.

The Cancer Society is a partner in a local community effort called the Cancer Control Task Forces. Working with other community and health agencies, they are attempting to impact cancer prevention and control at the local level. One of their premier events is the annual Great American Smokeout, held on the third Thursday in November.

For information on any of these issues or to learn more about American Cancer Society programs, please contact Kevin O'Flaherty at 243-2620.